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Bib Data Sheet

CONFIRMATION NO. 4645

<b>SERIAL NUMBER</b> 10/649,068	<b>FILING OR 371(c) DATE</b> 08/27/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 65937-0037
<b>APPLICANTS</b> Joseph L. Mark, Indianapolis, IN; Michael E. Miller, Trafalgar, IN; Timothy A. Goedde, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,755 10/07/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/19/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Patent Mark</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 32 38
<b>ADDRESS</b> 10291		<b>INDEPENDENT CLAIMS</b> 4 5		
<b>TITLE</b> INTRODUCTION SYSTEM FOR MINIMALLY INVASIVE SURGICAL INSTRUMENTS				
<b>FILING FEE RECEIVED</b> 2675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	